

AOC Doc 5/20/09 DBaghiato

PRINTED: 05/06/2009
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN333AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2009
NAME OF PROVIDER OR SUPPLIER PARK PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 IVES CT RENO, NV 89503		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 5/6/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 60 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 36. Fifteen resident files were reviewed and 11 employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000	<p>RECEIVED</p> <p>MAY 14 2009</p> <p>BUREAU OF LICENSURE AND CERTIFICATION CARSON CITY, NEVADA</p>	
Y 105 SS=D	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p> <p>This RULE: is not met as evidenced by: Based on record review and interview on 5/6/09, the facility failed to ensure 1 of 11 employees met background check requirements (Employee #10).</p>	Y 105		
			<p>Y 105:</p> <p>- Employee was hired 12/17/06 with a background check that was 'Undecided'. Statements by the employee and filing of court requests for omission and sealing of records were allowed by previous administration for this employee to continue to work. This employee was re-fingerprinted on 5/13/09 and continued employment will be based on results of this re-submission of background check.</p>	<p>5/13/09</p> <p><i>ML</i></p>

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Tim M

TITLE

EXECUTIVE DIRECTOR

(X6) DATE

5/14/09

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Y 105	Continued From Page 1 This was a repeat deficiency from the 5/15/08 annual State Licensure survey. Severity: 2 Scope: 1	Y 105		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This RULE: is not met as evidenced by: Based on record review, interview and observation on 5/6/09, the facility failed to comply with the standards prescribed in chapter 446 of NAC. The deficiencies are as follows: Main kitchen Slight debris was found on the slicer surfaces. Raw eggs were stored adjacent and above potatoes in the walk-in refrigerator. The can opener blade was scarred, allowing a risk of metal fragments entering food. Debris and spills were noted in the following	Y 255	Y 255: - Kitchen was cleaned and sanitized on 5/8/09 including all shelves, all equipment, and floors. A weekly/monthly cleaning checklist and the assigned person responsible are attached for review. (Y255-1) - Can opener blade was replaced on 5/7/09 with extras ordered and on hand for needed change when necessary. - Brown/Yellow/White/Gray kitchen cabinetry will be repaired and repainted by 5/30/09 to ensure smooth, cleanable, and non-porous surfaces. - White house microwave located in the non-operating kitchen was removed on 5/11/09. - Vacant Blue house will have the single kitchen appliances replaced with NSF certified appliances before rooms in the house are rented. Second kitchen will have unused appliances removed.	5/08/09 OK. 5/07/09 JK 5/30/09 OK 5/11/09 OK. Before occupation OK

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Y 255	Continued From Page 2 non-food contact areas: under and nearby the griddle, interior surfaces of the juice dispenser, and floors behind the stove. Yellow and Grey houses The cabinetry of the kitchenettes was found worn and potentially able to absorb spills. White house The microwave was domestic grade and does not meet the NRS/NAC 446 requirement of commercial equipment certified to NSF Standards. The microwave was significantly soiled on the inner surfaces of the door and between door panels making it difficult to clean. Vacant Blue house Domestic refrigerators, microwaves, toasters, dishwashers and a coffee pot do not meet the requirement of commercial equipment certified to NSF Standards and cannot remain if and when residents re-occupy the blue house. White, Yellow, Brown and Grey houses Domestic toasters do not meet the requirement of commercial equipment certified to NSF Standards. Severity: 2 Scope: 3	Y 255	Y 255: Continued - Brown/Yellow/White/Gray house toasters were removed on 5/8/09 and NSF grade toasters were ordered on 5/8/09. (Y255-2)	5/08/09 OK
Y 274 SS=C	449.2175(5) Service of Food - Substitutions NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.	Y 274	Y 274 - New Menus were implemented on 5/1/09. Menus and substitutions to those menus will be kept in a binder in the main office for the required time period and review. Any substitutions must be approved by the Kitchen Director. The executive Director will initial the menus before filing menus in the binder.	5/8/09 OK.

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Y 274	Continued From Page 3 This RULE: is not met as evidenced by: Based on record review, interview and observation on 5/6/09, the facility failed to comply with NAC 449.2175, which states that any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. It was determined that at least 2 of the last 3 months of meal substitution records were located off the premises at an employee's home, as acknowledged by the Administrator. Severity: 1 Scope: 3	Y 274		
Y 883 SS=D	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This RULE: is not met as evidenced by: Based on record review and interview on 5/6/09, the facility failed to notify the physician of missed doses of medication for 1 of 15 residents (Resident #4). Severity: 2 Scope: 1	Y 883	Y 883 - The medication listed was withheld from resident under physician's phone order. A discontinue order is attached for review. The med techs will ensure facility has written documentation of conversations with physicians. An in-service will be held for med techs reiterating the current guideline of missed medications, notification to physician and proper documentation. (Y883)	5/8/09 OK DB 5/20/09

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Y 908	Continued From Page 4	Y 908	Y 908	
Y 908 SS=A	449.2746(2)(a)-(f) PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration. (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident 's physician. This RULE: is not met as evidenced by: Based on record review on 5/6/09, the facility did not ensure the medication record was complete for 1 of 15 residents receiving as needed (PRN) medications (Resident #13). Severity: 1 Scope: 1	Y 908	- The PRN medication found was delivered and left with resident by a family member. The medication was not given and was not listed in the medication record as well and with no current physician order, staff stored the medication awaiting physician instructions. Staff will attend in-service on ensuring medication delivered by family members are taken to the front office to await physician instructions. A letter will also be sent to family members to remind them of the current guideline and regulations regarding medication administration.	5/15/09 OK DB 5/24/09
Y 920 SS=D	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The	Y 920	Y 920 - Lock boxes were distributed to residents who are able to self administer medications and who store them in their rooms on 5/6/09.	5/6/09 OK DB

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Y 920	Continued From Page 5 caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This RULE: is not met as evidenced by: Based on observation on 5/6/09, the facility failed to ensure that medications to be self administered were stored in a locked container inaccessible to other residents for 1 of 15 residents (Resident #10). Severity: 2 Scope: 1	Y 920		
Y 936 SS=A	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation:	Y 936	Y 936 - Upon admission resident had paperwork that stated a positive PPD with clear chest x-ray results. If still unable to clarify with previous facility and resident's current physician, A PPD test will be completed by 5/18/09 to confirm positive PPD status.	5/18/09 <i>hob.</i>

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Y 936	<p>Continued From Page 6</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This RULE: is not met as evidenced by: Based on record review and interview on 5/6/09, the facility failed to have adequate evidence that 1 of 15 residents tested positive for tuberculosis (Resident #8).</p> <p>This was a repeat deficiency from the 5/15/09 State Licensure survey.</p> <p>Severity: 1 Scope: 1</p>	Y 936			

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